

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 370375

FILING DATE 01 SEP 1999

APPLICANT'S NAME

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2		/		/			52							
3		/		/			53							
4		/		/			54							
5		/		/			55							
6		/		/			56							
7		/		/			57							
8		/		/			58							
9		/		/			59							
10		/		/			60							
11		/		/			61							
12		/		/			62							
13		/		/			63							
14							64							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	13	↓	12	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	14	↓	13	↓		↓	TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS	14		13				TOTAL CLAIMS							